

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

OR

Attorney Docket Number	SE-01-01
First Named Inventor	DAVID HOEFT
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPUTER-ASSISTED- DESIGN OF PIPING SWING-JOINT  
INTERSECTIONS**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				

[Page 1 of 2]

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number \_\_\_\_\_  
 or Bar Code Label \_\_\_\_\_ OR  Correspondence address below

Name **SCOTT L. TERRELL**

Address **SCOTT L. TERRELL, P.C., 1746 COLE BLVD., STE 225**

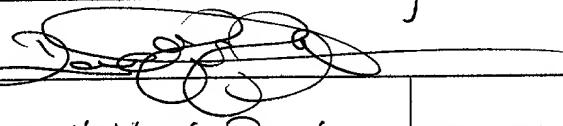
City **GOLDEN** State **CO** ZIP **80401**

Country **US** Telephone **303 2790705** Fax **3032795653**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

Given Name **David Henry** Family Name or Surname **Hoeft**

Inventor's Signature  Date **09/26/01**

Residence: City **Highlands Ranch** State **CO** Country **USA** Citizenship **USA**

Mailing Address **6053 S. Quebec St., Suite 100**

City **Englewood** State **CO** ZIP **80111** Country **USA**

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name  Family Name or Surname

Inventor's Signature  Date

Residence: City  State  Country  Citizenship

Mailing Address

City  State  ZIP  Country

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

	Application Number
	Filing Date
	First Named Inventor <b>DAVID HOEFT</b>
	Title
	Group Art Unit
	Examiner Name
	Attorney Docket Number <b>SE-OI-O1</b>

I hereby appoint:

Practitioners at Customer Number



Place Customer  
Number Bar Code  
Label here

OR

Practitioner(s) named below:

Name	Registration Number
<b>SCOTT L. TERRELL</b>	<b>85,709</b>

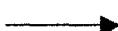
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number



Place Customer  
Number Bar Code  
Label here

Firm or  
Individual Name

**SCOTT L. TERRELL, P.C.**

Address

**1746 COLE BLVD., STE. 225**

Address

City

**GOLDEN**

State

**CO**

Zip **80401**

Country

**US**

Telephone

**303 279 0705**

Fax

**303 279 5653**

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

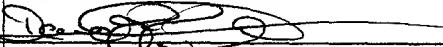
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

**David H. Hoeft**

Signature



Date

**09/26/2001**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.